

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011196

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1699

FILED APR 5 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

20 years

c. FULL NAME OF (If NOT in hospital, give location)

200 W 9th

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived 12 months before admission)

a. STATE

Missouri

COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

311 E 79th

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First THEODORE Last ROOSEVELT MILLER

## 4. DATE OF DEATH

Month 3 Day 24 Year 62

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

11/28/04

## 9. AGE (last birthday)

57

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

## 10b. KIND OF BUSINESS OR INDUSTRY

Ford Motor Plant

## 11. BIRTHPLACE (City and state or country)

Lebo, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S. A.

## 13a. FATHER'S NAME

Ulysis Grant Miller

## 13b. MOTHER'S MAIDEN NAME

Cora Cotterman

## 14. NAME OF HUSBAND OR WIFE

Lillian Miller

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

Lillian Miller, 211 E. 79th Terr. No. Kansas City, North

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Mch. 27, 1962

## 23c. NAME OF CEMETERY OR CREMATORIUM

Lincoln Cemetery

## 23d. LOCATION (City, town, or county)

Lebo

Kansas

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

## 25. DATE RECD. BY LOCAL REG.

3-26-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. Newcomer's Sons, Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh H. Owens

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

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8-58

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94201

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91-3

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest D. Coldsnow

Licensed Embalmer No. 4714

P. O. Address ACR

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.